

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/069476  
APPLICANT(S)

FILING DATE

5-24-04 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2		15			
TOTAL DEP.	50		6			
TOTAL	52		21			

BEST AVAILABLE COPY